

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



Department of Services ● Department of Regulation and Licensure
Department of Finance and Support

Dear Applicant:

Thank you for your interest in becoming licensed to practice medicine and surgery in the State of Nebraska. Prior to submitting your application for licensure, it is important that you be aware of certain aspects of the application process.

The application form includes a series of questions about an applicant's history regarding licensure, physical and mental health, criminal conduct, and malpractice. I encourage you to read these questions carefully. It is expected that applicants answer these questions completely and truthfully. If others are assisting you in the completion of your application, make sure to review the information completely before signing the application. An adverse event in your past is not an automatic disqualification from licensure. The Board will review all of the information surrounding the event in making a determination of your fitness to practice medicine and surgery.

It is important that you fully disclose all arrests, charges or convictions. A question on the application asks not only about charges or complaints filed against you by any licensing or disciplinary authority, but it also asks for charges or complaints filed against you by any criminal prosecution authority. Even if the charges were dropped, dismissed, pled down or settled through diversion or if the sentencing was deferred or the conviction was expunged, set aside or pardoned, you must provide this information on the application. Failure to fully disclose could be considered as misrepresentation on your application which is grounds to deny your application for licensure.

Applicants are asked whether you have ever been convicted of a misdemeanor or felony. Some offenses that most people would consider as minor violations are actually misdemeanors, so it is important that you thoroughly review your history in order to provide accurate information regarding convictions. You may want to contact the court or seek the advice of an attorney to determine whether an event in your past resulted in a misdemeanor or felony conviction.

Applicants are asked whether you have ever been notified of any malpractice claim against you. This request includes all claims ever filed against you regardless of when they occurred or whether they were paid, settled or dropped.

Applicants should also be aware that it is the policy of the Credentialing Division that applications may not be withdrawn to avoid or circumvent a denial decision or to circumvent public records and reporting requirements. Understand prior to submitting your application that you may not be allowed to withdraw. Applicants who do not meet the requirements for licensure will be denied.

Thank you for taking the time to read this letter. I hope my comments are helpful to you. If you have further questions regarding the application process, please contact me by e-mail at becky.wisell@hhss.ne.gov or by telephone at 402/471-2118.

Sincerely,

A handwritten signature in cursive script that reads "Becky Wisell".

Becky Wisell, Section Administrator
Medical and Specialized Health Section
Credentialing Division

This form may be completed online, printed and mailed to the address listed below.

STATE OF NEBRASKA
Department of Health and Human Services
Regulation and Licensure - Credentialing Division
Attn: Meegan Dyrland
301 Centennial Mall South
PO Box 94986,
Lincoln, NE 68509-4986
(402) 471-2118

Licensure Fees:

\$101
Checks may be
written to: Nebraska
Credentialing Division
Revised 08/04

**Application for Locum Tenens Permit to Practice Medicine and Surgery
in the State of Nebraska by a Physician Licensed in another state.**

I hereby apply for a Certificate of Practice for temporary medical practice rights in the State of Nebraska for a period of time not to exceed 90 days in the twelve-month period commencing the date of original issuance and submit the following statement concerning my qualifications therefore:

***Please note:** A Locum Tenens is granted for the period specified on the application and for the physician requesting such replacement. A new application must be submitted to this office for **each** term of service requested, but may not exceed 90 days in a 12-month period.

Name:	Last:	First:	Middle:	Maiden:
Permanent Address:	Street/PO/Route:			
	City:	State:		Zip:
Phone Number: (Optional)		E-Mail Address: (Optional)		
Credentialing Contact Name:			Phone Number:	
Date of Birth: (MM/DD/YYYY)		Social Security Number:		
Place of Birth (city/state/country)				
Degree Issued By:	Name of Univ./College:			
Degree Issued on:	Date:			
Select one:	M.D. D.O. M.B.B.S. MBChB			

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PRACTICE			
Total years of active practice of medicine:			
List states where licensed to practice and effective date (list all states where you are licensed whether license is current or not)			
State	License #	Issuance Date	Current

REGULATORY INFORMATION	
If you answer YES to any of the following questions, explain the circumstances and outcomes on a separate sheet of paper. You must sign and date any additional pages that you attach to the application. Please read the information at the end of this section regarding the malpractice and misdemeanor/felony conviction information that is required.	
1	Has any State or Territory of the U.S. ever taken any of the following actions against your license? Answer Yes or No to each
	Denied
	Revoked
	Suspended
	Limited
2	Has any licensing or disciplinary authority ever taken any of the following actions against your license? Answer Yes or No to each
	Limited
	Restricted
	Suspended
	Revoked
3	Has any licensing or disciplinary authority placed your license on probation? Answer Yes or No
4	Have you ever voluntarily surrendered a license issued to you by a licensing or disciplinary authority? Answer Yes or No
5	Have you ever voluntarily limited in any way a license issued to you by a licensing or disciplinary authority? Answer Yes or No
6	Have you ever been requested to appear before any licensing agency? Answer Yes or No
7	Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary authority or criminal prosecution authority? Answer Yes or No
8	Are you aware of any pending disciplinary actions against your license in any jurisdiction? Answer Yes or No
9	Are you aware of any on-going investigations of a disciplinary complaint against your license in any jurisdiction? Answer Yes or No

10	Have you ever been addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence? Answer Yes or No	
11	During the past ten years, have you voluntarily entered or been involuntarily admitted to an institution or health care facility for treatment of a mental or emotional disorder/condition? Answer Yes or No	
12	During the last ten years, have you been diagnosed with or treated for bipolar disorder, schizophrenia, or any psychotic disorder? Answer Yes or No	
13	Have you ever been convicted of a felony? *	
14	Have you ever been convicted of a misdemeanor? *	
15	Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or State controlled substances registration? Answer Yes or No	
16	Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances? Answer Yes or No	
17	Have you ever surrendered your State or Federal controlled substances registration? Answer Yes or No	
18	Have you ever had your State or Federal controlled substances registration restricted in any way? Answer Yes or No	
19	Have you ever been notified of any malpractice claim against you? ** Answer Yes or No	
All applicants must complete the following		
Effective July 1, 2004, the Department is authorized to assess an administrative penalty in the amount of \$10 per day, not to exceed a total of \$1,000 when evidence exists that a person has practiced medicine and surgery prior to being issued a license or permit.		
20	Have you practiced medicine and surgery in Nebraska prior to issuance of a Nebraska Permit or License? Answer Yes or No	
	If yes, how many days have you practiced medicine and surgery in Nebraska prior to issuance of a Nebraska Permit or License?	
		Total Number of DAYS

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REQUEST FOR LOCUM TENENS ASSIGNMENT

Period of temporary medical practice shall commence on _____ and

terminate on _____. (YOU MUST LIST SPECIFIC DATES AND THEY MUST MATCH THOSE LISTED BY THE PHYSICIAN BEING REPLACED.)

REASON for temporary medical practice: _____

Full name of Duly Licensed Nebraska Physician for whom temporary Medical Practice rights are

being requested: _____

Date of last application for a Nebraska Locum Tenens Permit if any: _____

*** Required Misdemeanor/Felony Conviction Information**

If you have had any misdemeanor or felony convictions you must submit:

- [1] Official Court Record, which includes charges and disposition;
- [2] Arrest records;
- [3] A letter from the applicant explaining the nature of the conviction;
- [4] All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
- [5] A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation.

**** Required Malpractice Information**

Regarding your malpractice, claim(s), **please include the following information. Sign and date your explanation.**

- A. State the **total number of claims ever filed** against you; and
- B. Submit a **detailed explanation** (see below) of each claim ever filed against you. Do not send copies of forms completed for insurance companies or other entities.
- C. For any malpractice claims that are **currently pending**, submit copies of the court documents that outline the statement of charges (often called the "Complaint") and a letter from the attorney stating the current status of the claim.

Include the following information regarding each claim:

- 1. Name, sex and age of patient;
- 2. Date of occurrence;
- 3. Initial event (procedure/diagnosis);
- 4. Subsequent event that precipitated the claim – include the time sequence in relation to the initial event;
- 5. Damages – a description of damages or alleged damages resulting from the initial and subsequent events;
- 6. Date of filing of malpractice claim in court (if applicable);
- 7. Outcome of claim – include the court disposition, whether or not the case was settled, and the amount of any **monetary settlement or judgement made on your behalf**. If no money was paid on your behalf, you must indicate this.
- 8. Date of final outcome of claim.

NOTE: If you have had malpractice claims or Misdemeanor/Felony convictions your file may need to be reviewed by the Board of Medicine at the next Board of Medicine and Surgery Meeting. Contact our office for the meeting dates.

Affidavit

State of _____)
)
County of _____)

"I, _____, being duly sworn, depose and say that the foregoing statements are true. I further solemnly swear upon my honor that, if granted a Certificate of Practice for temporary medical practice rights within the State of Nebraska, that I shall abide by all of the laws of the State of Nebraska and rules and regulations adopted thereunder pertaining to the practice of medicine and adhere strictly to the ethics of the profession."

Signed _____ Date: _____

In _____ in said county on this _____ day of
(city)
_____, 20_____, personally appeared before me, and being duly sworn, deposes
and says that he/she has carefully and truthfully complied with the above.

(SEAL) Notary Public

My Commission Expires on _____